

Janice K. Brewer
Governor



Victoria Whitmore
Executive Director

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1400 W. Washington, Room 240, Phoenix, Arizona 85007-2937

Phone (602) 364-1PET (1738) FAX (602) 364-1039

www.vetboard.az.gov

VOLUNTEER CANDIDATE INFORMATION

Dear Candidate:

Thank you for your interest in volunteering for our agency. Volunteers play a vital role in our mission to protect the public and the animals of our State. All volunteer forms are reviewed with consideration of current volunteer opportunities. The Arizona State Veterinary Medical Examining Board is asking for a 24-month commitment for volunteers. Volunteer Candidate Information forms are kept on file for 2 years.

The Investigative Committee meets the first Tuesday of every month, except for the month of July. There is a morning Investigative Committee that meets from 9:00am – 12:00pm and an afternoon Investigative Committee that meets from 1:00pm – 4:00pm. The ending times are approximate, meetings may run longer or shorter based on the day's agenda and complexity of cases reviewed. Each Committee consists of two veterinarians and three lay members.

If you would like to be considered for an Investigative Committee position, please complete the attached Volunteer Candidate Information Form and fax or mail to the Board's office.

If you have any questions, please feel free to contact the Board's office.

Thank you,

Victoria Whitmore

Victoria Whitmore
Executive Director

VOLUNTEER CANDIDATE INFORMATION FORM

Investigative Committee Member for the
Arizona State Veterinary Medical Examining Board

Please print or type information

PERSONAL INFORMATION

Dr./Mr./Mrs./Ms./ Last Name: _____ First: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

AVAILABILITY

Which Committee would you prefer to serve on?

Morning (9:00am – 12:00pm) _____ Afternoon (1:00pm – 4:00pm) _____ Either: _____

WORK EXPERIENCE

1. Employer: _____ Date of Employment: _____

Position and Job Duties: _____

2. Employer: _____ Date of Employment: _____

Position and Job Duties: _____

EDUCATIONAL BACKGROUND

High School (last grade completed): _____

Post-Secondary (please specify): _____

Special Training: _____

PREVIOUS VOLUNTEER EXPERIENCE

1. Organization: _____

Dates of Service: _____

Assignments/Duties: _____

2. Organization: _____

Dates of Service: _____

Assignments/Duties: _____

INTERESTS/HOBBIES/ACTIVITIES

Please List: _____

GENERAL INFORMATION

Have you ever been charged with a crime? (You may omit minor traffic offenses) _____

If so, please explain: _____

How did you hear about our volunteer opportunity? _____

Why do you want to volunteer for the Arizona State Veterinary Medical Examining Board's Investigative Committee? _____

REFERENCES:

1. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

I give my permission to contact the above individuals, any previous employers, and/or supervisors of my volunteer commitments. YES: _____ NO: _____

“I certify that all information submitted by me on this form is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my volunteer candidacy may be rejected and active volunteer status may be terminated at any time.”

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Reference Check and Comments: _____

Interview Date and Comments: _____

Start Date: _____ Committee: AM: _____ PM: _____

Handbook: _____ Forms Signed: _____ Bag: _____